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## MEMBERSHIP

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# Membership Application



The Association welcomes applications for the following membership:

**Full** professional membership is available to professionals working in disciplines such as medicine, psychology, law, social work, counseling, psychotherapy, family studies, sociology, anthropology, speech and voice therapy, sexology, pharmacology and other related fields. Full membership costs \$175 (US) per year, and carries voting privileges within the Association.

**Supporting** membership is available to individuals who do not work in the professional disciplines listed above, but still have an interest in being an active member of the organization. Supporting membership costs \$175 (US) per year, and carries no voting privileges.

**Emeritus** membership is for *current members* of the Association who have been full members of the Association for the previous three years consecutively and are fully retired, making them eligible for a reduced membership rate set currently at \$120 (US). Emeritus members carry voting privileges within the Association.

**Student** membership is available at \$95 (US) per year. Student membership carries no voting privileges, and requires sponsorship and recommendation by a full member along with proof of **current full-time status as a graduate student in a program directly related to transgender health.**

Salutation	*First Name	MI	*Last Name
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*Organization/Company Name			
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*Card Billing Address		Card Billing Address 2	
<input type="text" value=""/>		<input type="text" value=""/>	
*Card Billing City	State	*Postal/Zip Code	*Billing Country
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<input type="checkbox"/> Mailing Address is Same As Billing Address.			
*Mailing Address		Mailing Address 2	
<input type="text" value=""/>		<input type="text" value=""/>	
*Mailing City	State	*Postal/Zip Code	Mailing Country
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Phone Number	Ext	Fax Number	
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(Please include country and city code if outside the US)			
*Email Address		Website	
<input type="text" value=""/>		<input type="text" value=""/>	

1. Professional Specialty

If Other, please specify

Endocrinology

*Question 1 must be completed for all memberships applicants.*2. Are you currently a hormone prescriber? ☐ Yes ☒ No

3. Professional degrees, including year obtained, institution, and major, field, or specialty:

*Question 3 must be completed in order to receive full membership*

4. Certification or licensure, including type and number:

*Section 4 must be completed in order to receive full membership*4a. Is your certification or licensure currently active? ☐ Yes ☒ No

4b. If certification or licensure is not active, please explain:

5.

a. Answer required for FULL membership:

Please explain your experience in the treatment of Gender Dysphoria/Gender Identity Disorder.

b. Answer required for SUPPORTING membership:

Please explain your interest Gender Dysphoria/Gender Identity Disorder:

c. Answer required for STUDENT membership:

Please explain your interest and any course of study related to Gender Dysphoria/Gender Identity Disorder:

*Section 5 must be completed in order to receive full, supporting, and student membership*

6. Human Sexuality Training or Experience:

*Must be completed for full membership*

7. Comments or additional information:

## 8. Disciplinary action:

- ☒ I affirm that I have had **no** disciplinary actions or restrictions on my professional license taken against me by my licensing or certifying board or agency.
- ☐ I affirm that I **have had** disciplinary action taken against me or restrictions on my professional license by my licensing or certifying board or agency.

*Section 8 must be completed in order to receive full membership*

## 9. Please describe or discuss any disciplinary actions or restrictions on your professional license:

## \*10. Membership requested:

- ☐ Full, \$175 US
- ☐ Supporting, \$175 US
- ☐ Emeritus, \$120 US
- ☐ Student, \$95 US

\* For student membership, proof of student status and a supporting letter from a full member can be submitted via e-mail, or postal mail to:

[wpath@wpath.org](mailto:wpath@wpath.org) or

Attn: Student Membership  
WPATH  
1300 South Second Street, Suite 180,  
Minneapolis, MN 55454 USA.

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